

Pre-authorized Debit (PAD) Agreement

Date:				
	(MMM DD YYYY)			
	al Offering: I (we) would like to start planned (our) bank account should be for	a total of \$ which	will be applied to Ge	eneral Offering.
	I (we) would like to change our m I (we) would like to cancel our mo Total – General Offering		to \$	per month.
-	Funds Offering:			
in addi	tion to my (our) regular giving, I (w New Location Local Missions Global Missions Growth Fund Total – Special Funds Offering	\$\$ \$\$ \$\$ \$\$	e following sum of n	ioney to fuel:
Grand	Total ALL Offerings:	\$		
day. (P is bein	wish to have my/our account draft lease attach a VOID cheque if this g made.)	is a NEW request. This is not i		
Signat	ure(s):*For joint a	accounts both names & signatures are	required	
Donor	(s) Name(s):			
Street	Address:			
City, P	rovince, Postal Code:			
Phone	Number:	Email Address:		
This do	onation is made on behalf of	an individual 🔲 a business (Ple	ease check one.)	
termina notice.	stand that this authorization is to reation. I (we) may revoke my (our) aut To obtain a cancellation form or for mancial institution or visit www.cdnpay	thorization at any time, subject to nore information on my right to can	providing The Westsi icel a PAD Agreement,	de Gathering a 30-day I (we) may contact my

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

The Westside Gathering | 820 rue Tecumseh | Pointe-Claire, QC | H9R 4B2 Contact Information: Telephone: (514) 505-3700 | Email: giving@westsidegathering.com

Website: www.westsidegathering.com/giving

Thank You!